

ONE HUNDRED FOURTH LEGISLATURE - FIRST SESSION - 2015
COMMITTEE STATEMENT
LB472

Hearing Date: Wednesday February 25, 2015
Committee On: Health and Human Services
Introducer: Campbell
One Liner: Adopt the Medicaid Redesign Act

Roll Call Vote - Final Committee Action:
Advanced to General File with amendment(s)

Vote Results:

Aye:	5	Senators Howard, Crawford, Cook, Baker, Campbell
Nay:	2	Senators Kolterman, Riepe
Absent:		
Present Not Voting:		

Verbal Testimony:

Proponents:

Senator Kathy Campbell
Allen Jenkins
Ron Konecny
Martin Fattig
Virginia Wright
Sherry Morrow
Amanda McKinney
Amanda Gershon
Merlin Friesen
Beatty Brasch
Lynn Redding
Gwendolen Hines
Clifton McEvoy
Brad Meurrens
Mark Intermill
Bob Ruaner
Jim otto

Jon Bailey
Keith Nelson
James Goddard

Opponents:

Doug Kagan
Courtney Miller
Bruce Ramage
Edward Truemper
Mary Jane Truemper
Dick Clark

Representing:

District 25
Self
Self
Nebraska Hospital Association
MoveOn.org Lincoln Council
NACO
Nebraska Medical Association
Self
Nebraska Farmers Union
Center for People in Need
Self
Unitarian Church of Lincoln
Self
Disability Rights Nebraska
AARP
Nebraska Academy of Family Physicians
Nebraska Restaurant Association; Nebraska Retail Federation
Center for Rural Affairs
Omaha Together One Community
Nebraska Appleseed

Representing:

Nebraska Taxpayers for Freedom
DHHS
Nebraska Department of Insurance
Self
Self
Platte Institute

Neutral:

Pamela Smith

Representing:

Community Action Partners

Summary of purpose and/or changes:

LB472 creates the Medicaid Redesign task force to review health care policy. The bill also creates newly eligible populations in the medical assistance program to cover adults ages 19-65 at or below 133% of the poverty level. The goals of the Medicaid Redesign Act are to ensure access to health care for low income Nebraskans, to maximize federal dollars available under the Affordable Care Act, and to support our economy.

Section-by-section description:

Section 1: Act title, Medicaid Redesign Act

Section 2: Legislative findings

Section 3: Legislative intent

Section 4: Definitions

Section 5: Creates the Medicaid Redesign Task Force. 16 members including The Governor, Chair of Appropriations committee, Chair of Banking committee, Chair of HHS committee, Chair of Executive Board, member of the HHS Committee, CEO of HHS, Director of Medicaid, Director of Public Health, Director of Behavioral Health, Director of Insurance plus 5 experts in health care delivery, health insurance, health care workforce, health education, and health care consumer advocacy.

Section 6: Requires the task force to review and make recommendations on Medicaid, especially cost savings, quality improvement, other states programs, Federal programs, evidence based best practices, innovation in health care delivery systems, interventions for superutilizers, and the effectiveness of managed care. Requires the task force to engage stakeholders with working groups and regional hearings. Requires the department to provide data in a timely manner. Requires the Department, in consultation with the task force, to contract with a consultant.

Section 7: Requires the Department to develop a Medicaid demonstration waiver to promote access to affordable and quality healthcare in a patient centered, integrated health care system; continuity of coverage due to eligibility; coordination of care delivery; incentives for personal responsibility; competition, consumer choice, and cost reduction within the private marketplace for premium assistance for newly eligible individuals with incomes between 100% and 133% of the federal poverty level; maximum access to federal funds; elimination of cost shifting and uncompensated care; and cost containment of administrative costs for newly eligible superutilizers with income below 133% of federal poverty level.

Section 8: Requires the demonstration waiver to serve as a pilot program for patient centered medical homes; health homes; value based payment; and cost conscious consumer behavior for newly eligibles.

Section 9: Requires HHS (with the advice of the task force) to apply to CMS for a waiver for matching Federal funds to expand Medicaid eligibility to 19-64 year olds with an income below 133% of poverty. Requires the waiver to include private premium assistance using Medicaid dollars for those with income between 100% - 133% of poverty, Medicaid coverage for those with income under 100% of poverty, health homes for superutilizers, with incomes under 133% of poverty. Requires the waiver to include patient centered medical homes. Requires the department to consider accountable care organizations and other innovative and integrated new models of health care delivery and payment. If accountable care organizations participate in the medicaid demonstration waiver they must incorporate patient centered medical homes.

Section 10: Waiver shall include patient centered medical homes

Section 11: Waiver shall include health homes.

Section 12: Finding that monthly contributions help transition newly eligibles to the private marketplace.

Section 13: Requires DHHS to submit their waiver within 12 months. And to complete a state plan amendment within 30 days.

Section 14: Requires the task force to submit reports each year.

Section 15: Allows the department to make rules and regulations.

Section 16: Amends 44-4225 to sunset the Comprehensive Health Insurance Pool (CHIP).

Section 17: Amends 68-901 of the Medical Assistance Act to include section 18 of this act.

Section 18: Creates the Health Care Access and Support Fund for the newly eligible population.

Section 19: Amends 68-906 to update the reference to federal law.

Section 20: Amends 68-908 to strike provisions of the Medicaid Reform Council.

Section 21: Amends 68-909 to strike provisions of the Medicaid Reform Council.

Section 22: Severability clause.

Section 23: Repealer

Section 24: Outright repeals 68-948, creating the Medicaid Reform Council, and 68-949, an outdated provision creating reports due in 2008.

Section 25: Emergency clause.

Explanation of amendments:

AM676 to LB472 changes the membership of the Medicaid Redesign Task Force, to make the Legislators non-voting members, to alleviate separation of powers concerns.

Kathy Campbell, Chairperson